

Field Report Type: STACH  
Field Report Number: ET20190222MB  
Casualty Type: Nonhostile  
Casualty Status: Deceased  
Casualty Category: Undetermined

 Special Category

 Special Interest

Multi Casualty:  
DoD ID: (b) (6)  
Last Name: EVANS  
First Name: KIERRA  
Middle Name: DEANQUANETTE  
Suffix:  
Person Type: Regular  
Person Affiliation: Active Duty  
Person Category: Obligated/Voluntary Service  
Rank: SR  
Grade:  
Service: United States Navy  
Unit: Recruit Training Command Great Lakes  
UIC:

In Support of Other Service:  
Incident Dt: 22 Feb 2019 15:10  
Circumstances: Member went into cardiac arrest while inpatient status on the Very Serious Injury List at Northwestern Lake Forest Hospital 1000 N Westmoreland Rd. Lake Forest, IL 60045. Time of Death reported by RTC CACO: 2152 Friday, February 22nd, 2019.

RTC Medical Liaison: (b) (6)(b) (6)(b) (6)(b) (6)(b) (6)(b) (6)(b) (6)(b) (6)(b) (6)(b) (6) RTC CACO: (b) (6)  
(b) (6)(b) (6)(b) (6)(b) (6) FHCC Case Manager: (b) (6)(b) (6)(b) (6)(b) (6)(b) (6)(b) (6)(b) (6)  
(b) (6) FHCC Decedent Affairs: 847-343-0304.

Inflicting Force:  
War Conflict:  
Ops Incident:  
Event:  
Investigation Required:  
Vehicle Group:  
Vehicle:  
Armor level:  
Vehicle Owner:  
Position in Vehicle:  
Incident City: GREAT LAKES  
Incident State: Illinois  
Incident Country:  
Grid:

Lat/Long:  
Location:  
Diagnosis: Cardiac Arrest  
Cause: Pending Autopsy Result. Time of Death reported by RTC CACO: 2152 Central Time, Friday, 22 February 2019.  
Death Dt: 22 Feb 2019 21:52  
Death City: Lake Forest  
Death State: Illinois  
Death Country:  
Died in Medical Facility: Died In A Medical Treatment Facility  
Continuously Hospitalized:  
Race:  
Ethnicity:  
Sex:  
Religion:  
Birth Dt:  
Birth City:  
Birth State:  
Birth Country:  
Citizenship:  
DMOS:  
PMOS:  
PEBD:  
BASD:  
Home of Record (City):  
Home of Record (State):  
Home of Record (Country):  
Civilian Employer Type:  
Civilian Pay Grade:  
Civilian Contract Agency:  
Civilian Organization:  
DD93/RED Completion Dt:  
DD93/RED Review Dt:  
SGLI Dt:  
Training/Duty Related:  
Training Type:  
Training Start Date:  
Training End Date:  
Duty Status: Hospitalized  
Start Dt:  
End Dt:  
Retired/Separation Dt:  
TDRL/PDRL:  
TDRL/PDRL %:  
TDRL/PDRL Dt:

Posthumous Recommend

Date:

Posthumous Rank

Recommended:

Higher Rank Held:

Higher Rank Held From Dt:

Higher Rank Held To Dt:

DG Remarks:

Remarks: Member's remains are in transit from Northwestern Lake Forest Hospital to Lake County Coroner's Office (847-377-2200) for autopsy. Page 2 and SGLI are previously submitted.

Closed Dt:

User Registration Info:

Name: (b) (6)(b) (6)(b) (6)

Rank/Grade: (b) (6)(b) (6)(b) (6)(b) (6)(b) (6)

Phone: (b) (6)(b) (6)

Email: (b) (6)(b) (6)(b) (6)(b) (6)

Service: United States Navy

Unit: Captain James A. Lovell Federal Health Care Center

UIC: 00211

Location: FHCC Lovell

City: Great Lakes

State: Illinois

Country: United States

PERSONNEL INJURY/PROPERTY DAMAGE  
MISHAP INVESTIGATION REPORT

ALL appropriate blocks that apply are required to be filled in below.  
Report is locked and maintained by RTC Safety Office.

Command:30646- RTC RECRUITS  
List if "Other":N/A

Service: Military	Military Rank/Civilian Grade: SR	Mishap Type: Illness	Reportable To Safety: N/A	
Name: Evans, Kierra D	Social Security Number: (b) (6)	Date Of Birth: (b) (6)	Age: 20	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Height: (Inches) 64	Weight: (LBS) 115	Marital Status: Single	Number Of Dependants: 0	
Injured Persons Assigned Building/Department: List 1:7117-Ship 7 USS CHICAGO or List 2: OTHER List if "Other":	Division or Class # or Department: 130	Student/Recruit Day Of Training: 6-1		
Date Of Injury: 22FEB19	Hour Injury Occurred: 1345	Injury Quarter: 2nd	Duty Status: On	Shift: Select

Duty Driver: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Driver Name: N/A Destination: N/A		
FILL IN FIELDS ONLY IF EMT/AMBULANCE WAS INVOLVED		
Time Ambulance Called: 1400	Arrival Time: 1418	Departure Time: 1456
Ambulance#:	Driver Name:	Destination: Lake Forest Hospital

General Location of Mishap: List 1: 7250-FREEDOM HALL or List 2: OTHER List If "Other":

Specific Location of Mishap:  
Space:Other List If "Other" Track 1  
Division Compartment:Select

Was There Property Damage:NO Estimated Amount: 0.00

Describe Property Damage: N/A

Case Type:Select

Recruit Disposition from Medical/Local Hospital: LLDx SIQx FFD☐

Description of Mishap: SR Had just completed running official PFA. SR fell at the end of the run and began crawling on the deck. on site corpsman instructed her to get up and walk a lap and hydrate. SR evans got about 1/4 of the lap in and collapsed again. SR was assisted to her feet by her 1st RDC

WESS CASE NUMBER:



PERSONNEL INJURY/PROPERTY DAMAGE  
MISHAP INVESTIGATION REPORT

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and the track Safety. upon picking recruit up, her 1<sup>st</sup> RDC noticed she was cold to the touch and her lips had turned white. this was told to the corpsman, who said SR was just dehydrated. SR arrived at hydration station and drank small sips of water, the she collapsed for a 3<sup>rd</sup> time. her 1<sup>st</sup> RDC waved over the corpsman, who rushed over, felt for pulse and took off to call an ambulance and retrieve the AED. AED was placed upon the recruit, and AED notified to commence CPR. Corpsman began chest compression, second corpsman showed up and began assisting with breaths while awaiting ambulance to arrive. once ambulance arrive, EMT staff took over and cleared the scene. SR was taken to Lake forest hospital with a pulse, not breathing on her own.

Body Part(s) Affected:  
Body Part Location if it Applies-Select  
List If "Other or Multiple":N/A

Job Activity at Time of Injury: Final PFA

Mishap Unsafe Act: N/A (possible reason for Mishap if known)

Injury Type:Contact with

Were Drugs/Alcohol Involved?N  
Was PPE Utilized?N (If Yes, List in Remarks)

Were There Chemical(s) Involved In This Mishap?N (If Yes, List in Remarks)	
Supervisor:	(b) (6)(b) (6)
Safety Rep:	(b) (6)
Supervisor's Recommendation To Prevent Recurrence:N/A	
Remarks Section: SR was unresponsive, not breathing and with a weak pulse following completion of official PFA.	

PRIVACY ACT STATEMENT

GENERAL: This information is provided pursuant to Public Law 95-579 (Privacy Act of 1974) 31 December 1974 for individuals completing this form.

AUTHORITY: OPNAVINST 5100.23 (Series), Subj: Naval Occupational Safety & Health (NAVOSH) Program

EFFECTS OF NONDISCLOSURE: Omission of an item might delay forwarding of official report as required by OPNAVINST 5100.23 (Series) and OPNAVINST 5102.1 (Series).

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER: The SSN is used only as an identifier throughout your federal career from the time of application through retirement. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out per established regulations and published notices of systems and records. The use of the SSN is necessary because of the large number of present and former federal employees and applicants with identical names and dates of birth whose identities can be distinguished only by the SSN.

WESS CASE NUMBER:

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

(b) (6)

(b) (6)

(b) (6)

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Prudential

Office of Servicemembers'  
Group Life Insurance

Print Form

Save Completed Form

Clear Form

## Servicemembers' Group Life Insurance Election and Certificate

### 1. About You

KIERRA DEANQUANETTE EVANS

Print Name (First, Middle, Last)

E-1

Rank, title or grade

(b) (6)

Social Security Number

RTC GREAT LAKES

Duty Location

NAVY

Branch of Service

(b) (6)

Current Amount of SGLI

### 2. About Your Coverage (This form replaces all prior designations)

I am completing this form to: (Check all that apply)

- ☒ Name or update my SGLI beneficiary. You must complete sections 3 & 5.
- ☐ Increase or restore my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3, 4, & 5.  
(Increasing SGLI does not automatically increase FSGLI, if FSGLI was < \$100,000.)
- ☐ Reduce my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3 & 5.
- ☐ Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5 only.  
" \_\_\_\_\_ "

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

### 3. About Your Beneficiaries (Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.)

Primary	Social Security Number	Relationship	Share to each	Payment Option
Name and Address	(If available)	to you	(% or \$ amounts. The sum of the shares must equal 100% or the full dollar amount of your insurance.) (Each share must be greater than \$0.00 or 0%)	(Lump sum* or 36 equal monthly payments)
1. (b) (6)	□ □ □ □ □ □ □ □	mother	100%	36 pmts
2.	□ □ □ □ □ □ □ □			
3.	□ □ □ □ □ □ □ □			
4.	□ □ □ □ □ □ □ □			
<b>Secondary</b>				
1. NONE	□ □ □ □ □ □ □ □			
2.	□ □ □ □ □ □ □ □			
3.	□ □ □ □ □ □ □ □			
4.	□ □ □ □ □ □ □ □			

☐ **Have more beneficiaries?** Check this box if 1.) you have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2.) You are attaching additional documentation to complete your beneficiary designation noted above.

\* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.



4. About Your Health Complete this section ONLY if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender ☐ Female  
☐ Male

Have you had, been treated for, or had known indications of:

- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

Yes

No

☐

☐

☐

☐

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☐

☐

☐

☐

☐

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

5. Your Signature You must complete this section.

I have read the information on page 3 and instructions on page 4 and understand that:

- This form replaces any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is...	and...	then...
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniformed services	I am married, or get married after completing this form, and have not declined SGLI,	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

- I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits.

Service Member Signature

(b) (6)(b) (6)

Social Security Number

01-10-2019

Date (MM, DD, YYYY)

FUNCTIONAL SERVICE CENTER (FSC) GREAT LAKES IL 60088

Address

Submit this form to your Unit Personnel Clerk.

For Branch of Service Use Only	For OSGLI Use Only
Name of Person (b) (6)(b) (6)	Representative
Rank, title or grade CIV/CTR	Approve <input type="checkbox"/>
Contact telephone/email (b) (6) (b) (6)(b) (6)(b) (6)(b) (6)	Disapprove <input type="checkbox"/>
Date 01-10-2019	Date
Address 2605 KANSAS ST BLDG 1405, GREAT LAKES IL 60088	